# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MP FIRST  TERRY  NICKNAME LAST	MI	Date Received	USEONLY
	LYNNE		RE	CEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;  13215 GEORGE STREET,		AF	PR 2 9 2016
Change of Address		Tx 75234	CITY MAN	NAGER'S OFFIC
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 244-1615	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MR FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Bowé	30111X	Date Imaged	
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	3464 CHAPARRAC FA  AREA CODE PHONE NUMBER (972) 741-9685	EXTENSION	75234	
9 REPORT TYPE	January 15 30th day before a		treasurer ap (Officeholde	
10 PERIOD COVERED	Month Day Year 4 8 /16	Month THROUGH 4	Day Year 27 / 16	
11 ELECTION	ELECTION DATE  Month Day Year Primary  5 / 7 / 16 General	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN  FARMERS BRAN  DISTRICT 4	ICH CITY (	Councie
	GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME    IS Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE COMMITTEE NAME		
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7350.00
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$	
	4. TOTAL POLITICAL EXPENDITURES \$ 12,977.63		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		AY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7000.00		
18 AFFIDAVIT			
LAJEANA MARIE THOMAS Notary Public, State of Texas My Commission Expires December 19, 2019  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 5, Election Code			
Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said Terry Lynn, this the 29			
day of April , 20 10 , to certify which, witness my hand and seal of office.			
fallenem. Thous La Jeanem. Thoses Exec. Asst.			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER N	TERRY LYNNE	20 Filer ID (Ethics Co	mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1,:		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 350.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$ 7000.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 12,977.63
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7 <sub>6</sub>		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11,		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

		SOMEDULE AT
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	TERRY LYNNE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
4-20-16	6 Contributor address; City; State; Zip Code 3836 CLUBWAY FARMERS BRAKH, TX 75244	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor   out-of-state PAC (ID#:)  NARENDRA PRANAV	Amount of contribution (\$)
4-27-16	Contributor address; City; State; Zip Code  3612 CEDAR LN. FARMERS BRANCH, TX 15234	250.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions)  Employer (See Instruc	tions)
11		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TERRY LYNNE 4 TOTAL OF UNITEMIZED LOANS Date of loan 9 Loan Amount (\$) \_\_\_ out-of-state PAC (ID#:\_ 8 Lender address; City; State; Zip Code 4-27-16 7000.00 10 Interest rate a financial Institution? 13215 GEORGE ST. FARMERS BRANCH, TX 75234 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) TIME- OUT SPORTS, INC. 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:\_\_\_\_ Interest rate City; State; Zip Code Is lender Lender address; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1; 2 FILER NAME TERRY LYNNE 4 Date 5 Payee name 4-9-16 MURPHY NASICA 7 Payee address: City; State; Zip Code 6 Amount (\$) 815-A BRAZOS ST. AUSTIN, TX 78701 900.00 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. CONSULTING EXPENSE AND **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** CAMPAIGN PUSH CARDS POTNIENG EXPENSE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct FARMERS BRANCH CITY COUNTE expenditure to benefit C/OH TERRY LYNNE Payee name Date TIME- OUT SPORTS, INC. 4-27-16 Amount (\$) 13215 GEORGE ST. FARMERS BRANCH, Tx 75234 500.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense RETURN OF CONTRIBUTION 2/8 RETURN OF 2/8/16 CONTRIBUTION EXPENDITURE REVIOUSLY REPORTED ON 30 DAY REPORT Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH FARMERS BRANCH CITY CODUCTE TERRY LYNNE Pavee name Date MURPHY NASICA 4-18-16 Amount (\$) Payee address; City; State; Zip Code 815-A BRAZOS STREET AUSTIN, TX 78701 2971.67 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE PRINTING FXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE PLINTING AND MATLER Office sought Candidate / Officeholder name Office held Complete ONLY if direct FARMERS BRANCH CITY COUNCIL expenditure to benefit C/OH TERRY LYNNE

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME TERRY LYNNE 4 Date 5 Payee name TIME-OUT SPORTS, TNC.

ayee address; City; State; Zip Code 4-27-16 7 Payee address; 6 Amount (\$) 13215 GEORGE ST. FARMERS BRANCH, TX 75234 5000.00 (a) Category (See Calegories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF LOND REPAYMENT EXPENDITURE REPAYMENT OF CAMPAION LOAD MADE and 3-23-16 Office sought FARMERS BRANCH CITY COUNCIL Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH TERRY LYNNE Payee name 4-26-16 MURPHY NASICA Payee address; City: State: Zip Code Amount (\$) 815-A BRAZOSST. AUSTEN, TX 2725.13 Check if travel outside of Texas. Complete Schedule T. PURPOSE PRINTING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE LETTER TO DESTRECT 4 Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH FARMERS BRANCH CITY COUNCIL TERRY LYNNE Pavee name THE KOCH COMPANY 4-27-16 City; State; Zip Code Amount (\$) 12254 BRISBANE FARMERS BRANCH, TX 75234 660.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PRINTING EXPENSE Check if Austin, TX, officeholder living expense OF EXPENDITURE FLECTION SIGNS Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit G/OH TERRY LINNE FARMERS BRANCH CETY COUNCIL

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		fages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1;	2 FILER NAME TERRY LYNNE	3 Filer ID (Ethics Commission Filers)	
4 Date 4-27-16	5 Payee name COMMERCIAL PRINTING	ZNC	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
220.83	2835 VIRGO LANE DALL	145 /x 75229	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas, Complete Schedule T.	
PURPOSE OF	PRINTING EXPENSE	Check if Austin, TX, officeholder living expense	
EXPENDITURE		Push Cards	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held  45 Branch City Council	
experialities to benefit 6701	TERRY LYNIE FARMEN	S DRANCH CITY COUNCIL	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense	
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas, Complete Schedule T.	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OI	-		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			